



Verification of Administrative Experience At a State Accredited P-12 School (ARM 10.57.413)

Applicant Information, Please Print:		
Last Name	First Name	MI or Maiden
Mailing Address		City and State
		Zip Code
Last Four Digits of SSN	Former Name(s)	
The following information is to be completed by the applicant's current and/or previous School District, please note: <ul style="list-style-type: none">• This document must be signed by: Human Resource official, the School Board Chair or any other person in direct supervision of the applicant.• The employment history must cover a consecutive, successful five-year work history.• When completed and signed by appropriate official, please mail this form to: Montana Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501 ATTN: Licensure		
School District Information, Please Print:		
School Official's Name	School Official's Title	School District
School District Address	City and State	Zip Code
Was this school accredited by the state of occupancy during the time of applicant's tenure? <input type="radio"/> Yes <input type="radio"/> No		
Was the applicant employed as a licensed and appropriately assigned administrator in your school? <input type="radio"/> Yes Employed from: _____ to: _____ <input type="radio"/> No (month/year)		
Please check the administrative level the applicant held at your district: <input type="radio"/> Elementary Principal <input type="radio"/> Secondary Principal <input type="radio"/> K-12 Principal <input type="radio"/> K-12 Superintendent <input type="radio"/> Supervisor		
Full time? <input type="radio"/> Yes <input type="radio"/> No	Part time? <input type="radio"/> Yes <input type="radio"/> No	If "Yes", FTE Equivalent? (i.e. .25 for ¼ time) _____
I verify that the work experience and eligibility for licensure information provided on all pages of this document are correct to the best of my knowledge.		
Signature: _____		
Printed Name and Title: _____		
Date: _____ Email Address: _____ Phone: _____		